REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 142

Registration District No. 791

Primary Registration District No. 1003

Registered No. 142

1. PLACE OF DEATH

(a) County 2

(b) Township

(c) City St. Louis

(d) Street No. 3444 Pine St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Mattie Winchester

(a) Residence, No. 3444 Pine St. St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Spencer Winchester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Abt. 1859

7. AGE: Years: Abt. 80 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Nil

9. Industry or business in which work was done, as saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

FATHER

13. NAME: Alex Madrid

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

MOTHER

15. MAIDEN NAME: Francis Middlebrooks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

17. INFORMANT: R. W. Hubbard
(ADDRESS): 3444 Pine St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: E. St. Louis, Ill. DATE: 1/5, 1939

19. FUNERAL DIRECTOR: R. M. C. GREEN
(ADDRESS): 3517 LACLEDE AVE

20. FILED JAN 4 1939 J. D. Beckett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/24, 1938, to 1-2, 1939
I last saw h. ... alive on 1-2, 1939. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
Other contributory causes of importance:	
Hypertension	
Senility	

Name of operation: Date of:
What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas. Lin C. Tag M. D.
(Address) 3146 a Laclede

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, R. W. C. Green, Licensed Embalmer No. 1173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

At 3517 Laclede Ave. L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed R. W. C. Green

Licensed Embalmer No. 1173

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)